NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project # Postmark **Date Received** Notification TYPE OF NOTIFICATION (O = Original / R = Revised): REVISION 29 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER: THE BEECHWOOD ORGANIZATION Address: 500 NORTH BROADWAY **JERICHO** City: State: NY ZIP: 11753 **ED KACZMARCZYK** Contact: Tel: 516-369-2200 REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH City: State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: BUILDING F Address: 1537 OLD COUNTRY ROAD Address: **PLAINVIEW** City State: NY County: NASSAU Site Location: INTERIOR **Building Size:** SqMeter: SqFt: 15,000 # of Floors: 2 Age in Years: 55 Present Use: RESIDENTIAL Prior Use: VACANT VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed **RACM** to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **PLASTER WALL/CEILING** 100 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet Volume RACM off Facility Component - Cubic Meters VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 10/4/2016 Completion: 3/13/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WO	RK, AND METHOD(S) TO BE USED:	N
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSION	ONS OF
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup	
<u>XIII. WASTE TRANSPORTER #1</u>		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		1100
Name:		· · ·
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBEURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW	
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)	:
V. FOR EMERGENCY RENOVATIONS		-
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).		
	3/2/2016	
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date	
PETER GRANDE Signature of Owner/Operator	3/2/2016 Date	
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NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # Postmark **Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 13 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) **ROCKVILLE CENTRE UFSD 128 SHEPHERD STREET** Address: **ROCKVILLE CENTRE** City: State: NY ZIP: 11570 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH City: State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: JENNIE HEWITT ELEMENTARY SCHOOL Address: **446 DEMOTT AVENUE** Address: **ROCKVILLE CENTRE** State: NY County: NASSAU Site Location: AUDITORIUM **Building Size:** SqMeter: SqFt: 30,000 # of Floors: 2 56 Age in Years: Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **PLASTER** 25 Surface Area - Square Meters **Volume RACM off Facility Component - Cubic Feet** Volume RACM off Facility Component - Cubic Meters VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 12/272016 Completion: 6/16/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

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NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WO	RK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	S TO BE USED TO PREVENT EMISSI		
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup		
刘II. WASTE TRANSPORTER #1			
Name: TRI-STATE TRANSFER ASSOC., INC.			
Address: 1199 RANDALL AVENUE		Wight.	
City: BRONX	State: NY	ZIP: 10474	
Contact Person: DANNY	Telephone: (718)617-0771		
WASTE TRANSPORTER #2		111.00	
Name:			
Address:			
City:	State:	ZIP:	
Contact Person:	Telephone:		
WASTE DISPOSAL SITE			
Name: MINERVA ENTERPRISES, INC.			
Address: 9000 MINERVA ROAD			
City: WAYNESBEURG	State: OH	ZIP: 44688	
Telephone: (330)866-3435			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW		
Name:	Title:		
Authority:			
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)):	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).			
PETER GRANDE	6/16/2016		
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date		
	0/40/0040		
PETER GRANDE Signature of Owner/Operator	6/16/2016 Date		
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NOTIFICATION OF DEMOLITION AND RENOVATION				
Operator Project #		Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R				
II. FACILITY INFORMATION (Identify owner	r, removal o	contractor, and other operato	r)	
OWNER: ROCKVILLE CENTRE U	JFSD			
Address: 128 SHEPHERD STREE	T			
City: ROCKVILLE CENTRE			State: NY	ZIP: 11570
Contact:				Tel:
REMOVAL CONTRACTOR: FIBER CON	TROL II	NC. NYS DOL LICEN	SE NO. 28610	
Address: 3010 BURNS AVENUE				***
City: WANTAGH			State: NY	ZIP: 11793
Contact: PETER GRANDE				Tel: (516)781-3000
OTHER OPERATOR:				
Address:				
City:			State:	ZIP:
Contact:				Tel:
III. TYPE OF OPERATION (D = Demolition /	R = Renova	tion): RENOVATION		
IV. IS ASBESTOS PRESENT? (Yes/No): YE	S	- 100 - 100		
V. FACILITY DESCRIPTION (include building	g name, nur	mber and floor or room numb	er):	
Building Name: RIVERSIDE ELEME	NTARY	SCHOOL		
Address: 110 RIVERSIDE DRI				
Address:				
City ROCKVILLE CENTR)E		I - ADV	
	· ·		State: NY	County: NASSAU
Site Location: BASEMENT				
Building Size:	SqMeter:	SqFt: 25,000	# of Floors: 3	Age in Years: 66
Present Use: SCHOOL			Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING				
VII. APPROXIMATE OF RACM TO BE REMOVE	ED AND NO	ON-FRIABI F ASBESTOS MA	TERIAL THAT WILL NOT BE DEMOVE	D SPECIEV THE AMOUNT OF
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:				
				on-friable Asbestos Material not to be removed
Pipes - Linear Feet			RACM to be Removed	Category I Category II
Pipes - Linear Meters				
Surface Area - Square Feet			FLOOR TILE	100
Surface Area - Square Meters				
Volume RACM off Facility Component - Cubi Volume RACM off Facility Component - Cubi				
VIII. SCHEDULED DATES OF ASBESTOS RE		(MM/DD/VV)	Start: 12/27/2016 Con	nnletion, 6/46/2047
IX. SCHEDULED DATES OF ASBESTOS RE			Start: Completic	npletion: 6/16/2017
			- Completic	1955

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION W	ND RENOVATION (continued) ORK, AND METHOD(S) TO BE USED)•
	,	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROL	S TO BE USED TO PREVENT EMISS	SIONS OF
ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air filtration, wet removal, wet cleaning, H	EPA vacuum cleanup	
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
⅓III. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		-
Address: 9000 MINERVA ROAD		
City: WAYNESBEURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEAS	SE IDENTIFY THE AGENCY BELOW	
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/Y)	Y):
AV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disru	ption of Industrial Operation:	- C
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT T	HAT UNEXPECTED ASBESTOS IS F	OUND OR
PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULY	ERIZED, OR REDUCED TO POWDE	ER:
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVAHAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FO (Required 1 year after promulgation).	ATION AND EVIDENCE THAT THE E	PEOLIDED TRAINING
PETER GRAIDE	6/14/2016	
Signature of Owner/Operator	Date	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
PETER GRANDE Signature of Owner/Operator	6/14/2016	
RenoDemoForm 2003.doc	Date	

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # **Postmark Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 11 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) ROCKVILLE CENTRE UFSD **128 SHEPHERD STREET** Address: **ROCKVILLE CENTRE** City: State: NY ZIP: 11570 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE City: WANTAGH State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: WILLIAM S. COVERT ELEMENTARY SCHOOL Address: **379 WILLOW STREET** Address: SOUTH HEMPSTEAD City State: NY County: NASSAU Site Location: EXTERIOR **Building Size:** SqMeter: SqFt: 25,000 # of Floors: 2 66 Age in Years: Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet WATERPROOFING TAR 100 Surface Area - Square Meters
Volume RACM off Facility Component - Cubic Feet Volume RACM off Facility Component - Cubic Meters VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 12/272016 Completion: 6/14/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion: RenoDemoForm 2003.doc

NOTIFICATION OF DEMOLITION AN	D DENOVATION (Applicated)		
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WO	RK, AND METHOD(S) TO BE USED:	8.7	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		ONS OF	
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup		
XII. WASTE TRANSPORTER #1			
Name: TRI-STATE TRANSFER ASSOC., INC.			
Address: 1199 RANDALL AVENUE			
City: BRONX	State: NY	ZIP: 10474	
Contact Person: DANNY	Telephone: (718)617-0771		
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	ZIP:	
Contact Person:	Telephone:		
XIII. WASTE DISPOSAL SITE			
Name: MINERVA ENTERPRISES, INC.			
Address: 9000 MINERVA ROAD			
City: WAYNESBEURG	State: OH	ZIP: 44688	
Telephone: (330)866-3435		1	
IV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW		
Name:	Title:		
Authority:			
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)	1	
V. FOR EMERGENCY RENOVATIONS		, , , , , , , , , , , , , , , , , , ,	
Date and Hour of Emergency (MM/DD/YY):	**************************************		
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disrup	tion of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).			
	5/14/2016		
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date		
	6/14/2016		
0: 1 (0 10	Date		

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NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # Postmark **Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 9 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) KINGS PARK CENTRAL SCHOOL DISTRICT **180 LAWRENCE ROAD** Address: **KINGS PARK** City: State: NY ZIP: 11754 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH City: State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: KINGS PARK HIGH SCHOOL Address: **200 ROUTE 25A** Address: **KINGS PARK** City State: NY County: SUFFOLK Site Location: INTERIOR **Building Size:** SqMeter: SqFt: 75,000 # of Floors: 3 Age in Years: 50 Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet PIPE INSULATION 100 **Pipes - Linear Meters** Surface Area - Square Feet Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet Volume RACM off Facility Component - Cubic Meters VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 12/27/2016 Completion: 6/16/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

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NOTIFICATION OF DEMOLITION AND	D RENOVATION (continued)	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WO	RK, AND METHOD(S) TO BE USED:	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS	TO BE USED TO DDEVENT EMISSIO	NO OF
ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	O TO BE OSED TO EKEVENT EMISSIC	ONS OF
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup	
XII. WASTE TRANSPORTER #1		25.57.5
Name: TRI-STATE TRANSFER ASSOC., INC.		(A. A. A
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	The state of the s
WASTE TRANSPORTER #2		
Name:		
Address:	**************************************	
City:	State:	ZIP:
Contact Person:	Telephone:	700
ATIE LASOPSID STEEL SIIIK		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBEURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASI	IDENTIFY THE AGENCY BELOW	
Name:	Title:	-
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
AV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT TH	IAT UNEXPECTED ASBESTOS IS FO	UND OR
PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
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Williams Committee of Mark Committee of the Committee of	6/16/2016	
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date	
PETER GRANDE	6/16/2016	
Signature of Owner/Operator	Date	

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NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # Postmark **Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 9 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) KINGS PARK CENTRAL SCHOOL DISTRICT OWNER: Address: **180 LAWRENCE ROAD** KINGS PARK City: State: NY ZIP: 11754 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH City: State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: R.J.O. INTERMEDIATE SCHOOL 99 OLD DOCK ROAD Address: Address: KINGS PARK City State: NY County: SUFFOLK Site Location: 2ND FLOOR **Building Size:** SqMeter: SqFt: 50,000 # of Floors: 2 Age in Years: 50 Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF **ASBESTOS BELOW:** Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **CEILING TILE** 100 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet Volume RACM off Facility Component - Cubic Meters VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 12/27/2016 Completion: 6/16/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion: RenoDemoForm_2003.doc

NOTIFICATION OF DEMOLITION AND RENOVATION (continued) DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: X. XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup XII. WASTE TRANSPORTER #1 Name: TRI-STATE TRANSFER ASSOC., INC. Address: 1199 RANDALL AVENUE City: BRONX State: NY ZIP: 10474 Contact Person: DANNY Telephone: (718)617-0771 **WASTE TRANSPORTER #2** Name: Address: City: State: ZIP: Contact Person: Telephone: WASTE DISPOSAL SITE XIII. Name: MINERVA ENTERPRISES, INC. Address: 9000 MINERVA ROAD City: WAYNESBEURG State: OH ZIP: 44688 Telephone: (330)866-3435 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Name: Title: **Authority:** Date if Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) . PETER GRANDE 6/16/2016

Signature of Owner/Operator

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRANDE

Signature of Owner/Operator

RenoDemoForm 2003.doc*

Date

NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # Postmark **Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 9 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) KINGS PARK CENTRAL SCHOOL DISTRICT Address: 180 LAWRENCE ROAD KINGS PARK City: State: NY ZIP: 11754 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE City: WANTAGH State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: PARK VIEW ELEMENTARY SCHOOL 23 ROUNDTREE DRIVE Address: Address: **KINGS PARK** City State: NY County: SUFFOLK Site Location: INTERIOR **Building Size:** SqMeter: SqFt: 50,000 # of Floors: 2 Age in Years: 50 Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **CEILING TILE** 100 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet **Volume RACM off Facility Component - Cubic Meters** VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 12/27/2016 Completion: 6/16/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion: RenoDemoForm_2003.doc

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION	N AND RENOVATION (continued)	
SEMBERIOR OF RENOVATION	WORK, AND METHOD(S) TO BE	USED:
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTRASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	OLS TO BE USED TO PREVENT	EMISSIONS OF
Full containment, negative air filtration, wet removal, wet cleaning	, HEPA vacuum cleanup	
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-07	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBEURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEA	ASE IDENTIFY THE AGENCY BE	LOW
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/	DD/YY):
V. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		7
Explanation of How the Event caused Unsafe Conditions or Serious Dist		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PUL	VERIZED, OR REDUCED TO PO	WDER:
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SU	BSTRATES USING ONLY CER	TIFIED WORKERS
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOV HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR (Required 1 year after promulgation).	THE REGULATION (40CFR PAI	RT 61
PETER GRANDE	6/16/2016	
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date	
PETER GRANDE		
Signature of Owner/Operator	6/16/2016 Date	
RenoDemoForm 2003 doc	-40	

Section 1

NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # **Postmark Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 1 II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER: KIMCO REALTY Address: 3333 NEW HYDE PARK ROAD **NEW HYDE PARK** City: State: NY ZIP: 11042 Contact: LANCE TUCKRUSKYE Tel: 516-546-2460 REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH City: State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): **Building Name:** 2875 RICHMOND AVENUE Address: Address: STATEN ISLAND City State: NY County: RICHMOND Site Location: **Building Size:** SqMeter: SqFt: 50,000 # of Floors: 1 Age in Years: 75 Present Use: VACANT Prior Use: COMMERCIAL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **VAT & MASTIC** 38,000 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet **Volume RACM off Facility Component - Cubic Meters** VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 9/7/2016 Completion: 8/31/2016 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion: RenoDemoForm 2003.doc

NOTIFICATION OF DEMOLITION AND RENOVATION (continued) DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup XII. WASTE TRANSPORTER #1 Name: TRI-STATE TRANSFER ASSOC., INC. Address: 1199 RANDALL AVENUE City: BRONX State: NY ZIP: 10474 Contact Person: DANNY Telephone: (718)617-0771 **WASTE TRANSPORTER #2** Name: Address: City: State: ZIP: **Contact Person:** Telephone: WASTE DISPOSAL SITE Name: MINERVA ENTERPRISES, INC. Address: 9000 MINERVA ROAD City: WAYNESBEURG State: OH ZIP: 44688 Telephone: (330)866-3435 VIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Name: Title: **Authority:** Date if Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): V. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): **Description of the Sudden, Unexpected Event:** Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation). PETER GRANDE 8/25/2016

Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. **PETER GRADE** Signature of Owner/Operator RenoDemoForm_2003.doc** Date**